



CONFIDENTIAL
INTAKE ASSESSMENT

Date: _____

Student ID# _____

Name: _____

Date of Birth: _____ Age: _____

Home Address: _____ City/State/Zip code: _____

Home Phone: _____ Cellular/Alternate Phone: _____

Referral Source: _____

Has student been to the hospital for mental health reasons: _____ Yes _____ No

Has student been to the hospital for substance abuse reasons: _____ Yes _____ No

Approximate dates: _____

What hospital: _____

Is there a family history of any of the following, *briefly* describe:

Health problems:

Mental health problems:

Substance abuse problems:

History of abuse (physical, emotional, or sexual):

Legal problems:

Economic problems:



STUDENT & ACADEMIC SUPPORT SERVICES
STUDENT SUPPORT SERVICES
SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Occupational problems:

Housing problems:

Social Worker Brief Assessment Summary (Subjective, Objective, Assessment, Plan, Intervention, Evaluation):